

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Powling Creek</i>		Town <i>Caroline</i>		County		
Date of death 1903	Month <i>1st</i>	Day <i>18</i>	Age <i>17</i>	Years	Months <i>1</i>	Days <i>28</i>
Sex <i>male</i>	Color or Race <i>black</i>		Birth-place <i>Maryland</i>			
Married , Single			Occupation <i>Farmer</i>			
Name of Wife or Husband						
Father's Name <i>John Wesley Adams</i>				Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Fanny Ellen Dickerson</i>				Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>John W. Adams</i>				How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption of Lungs</i>	How long <i>6 months</i>
Immediate <i>Consumption of Lungs</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of physician <i>John Gustafson</i>
	Address <i>Powling Creek, Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

Howard Carroll

CERTIFICATE OF DEATH

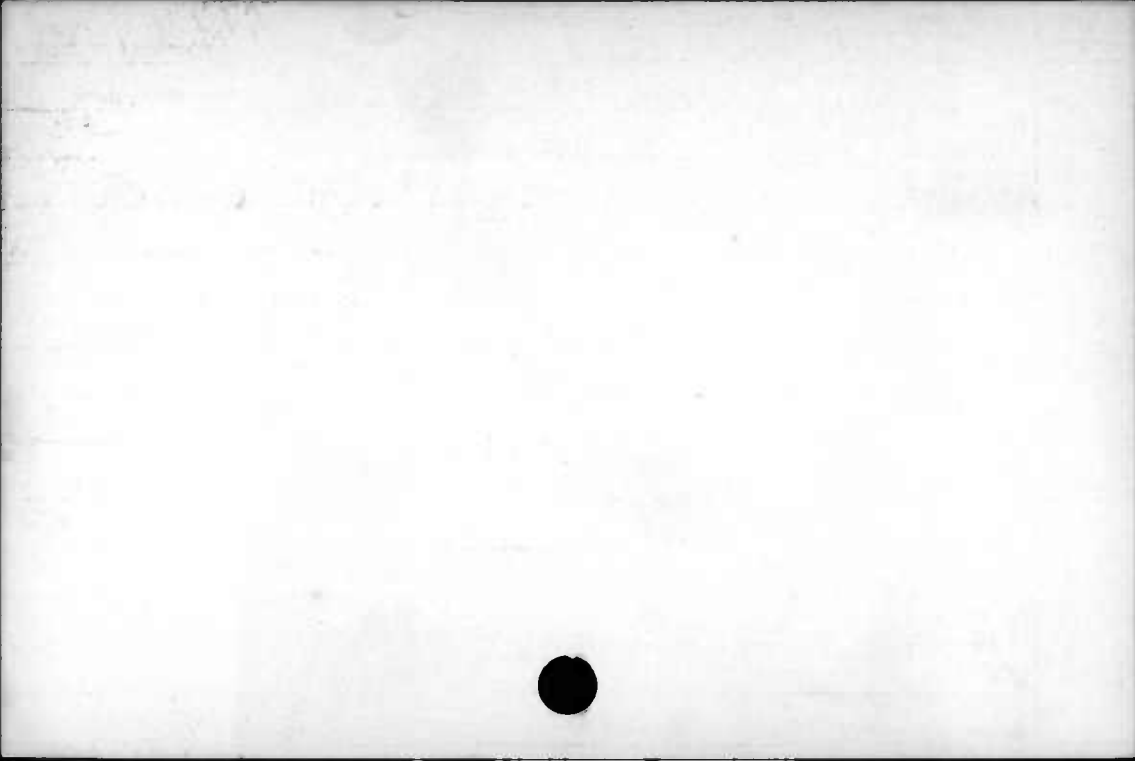
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death 1903	Month <u>Jan'y</u>	Day <u>25</u>	Age <u>18</u> Years	Months <u>10</u>	Days <u>10</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Laborer</u>		
Name of Wife or Husband					
Father's Name <u>Jerome Carroll</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary Henry</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Saml Howell</u>			How related to deceased <u>Undertaker</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>3 years</u>
Immediate <u>Exhaustion</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Enoch George H</u>
	Address <u>Denton Caroline Co</u>
	<u>Maryland</u>
Accident or Suicide? <u>r</u>	



Name
in
Full

CERTIFICATE OF DEATH

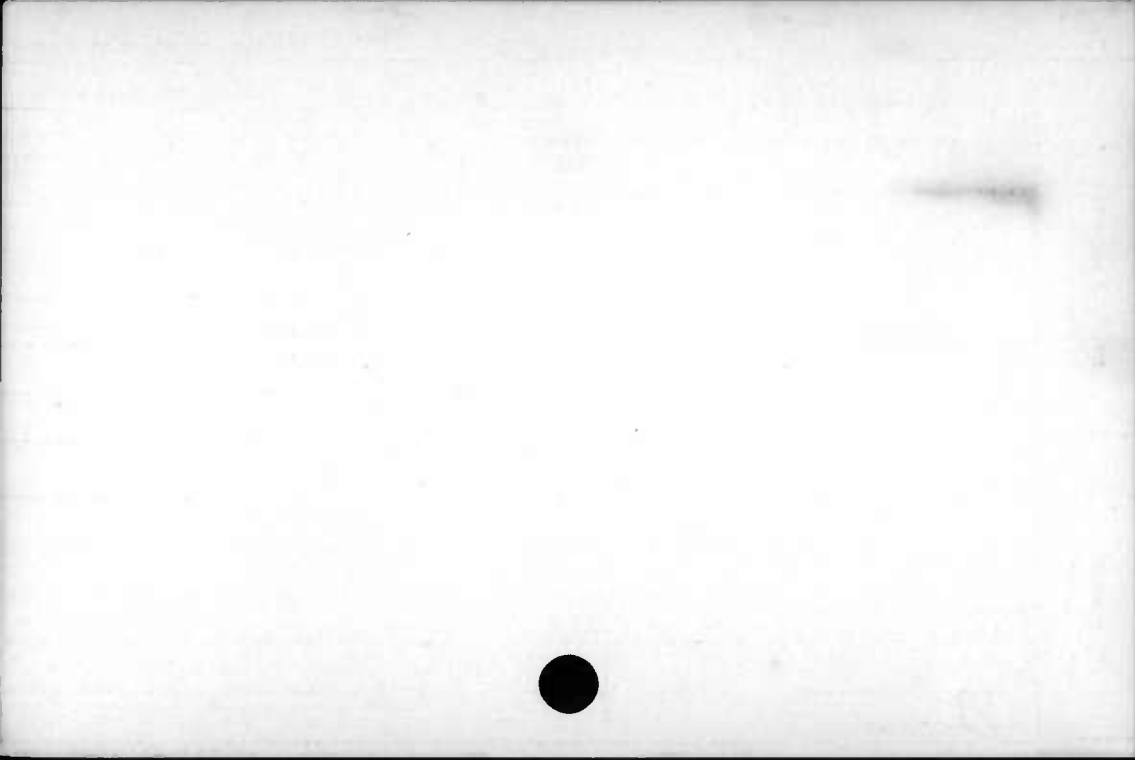
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm B Cephas</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Federalburg</i>		Month <i>Jan</i>		Day <i>5</i>	
Date of death 190 <i>3</i>		Age <i>22</i>		Months <i>22</i>	
Sex <i>male</i>		Color or Race <i>black</i>		Birth-place <i>md</i>	
Married, Single or Widowed <i>single</i>		Occupation <i>laborer</i>			
Name of Wife or Husband					
Father's Name <i>Leroy Cephas</i>				Father's Birthplace <i>md</i>	
Mother's Maiden Name <i>Eliza Campbell</i>				Mother's Birthplace <i>md</i>	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>2 years</i>
Immediate <i>27</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B Kemp Jefferson</i>
	Address <i>Federalburg md</i>
Accident or Suicide? <i>8</i>	



Name
in Full

Marietta Dickerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month Jan		Day 29		Age 62	
Sex female		Color or Race black		Birth-place md		Months	
Married, Single or Widowed		widowed		Occupation		servant	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer uterine	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		



Fannie E. Hollis

Town

County

Died at

*Preston**Caroline*

MARYLAND

Date 19*03*

Month

Day

Y.

M.

D.

Native of

Occupation

*1**13*

Age

*50**-**-**Md.**Housewife*

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living *4*

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

tuberculosis

Death

Immediate

Inquisition

How long sick

2 yrs~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Laura Jane Jackson

Died at

Thomastown Caroline

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

1-15

Age 23-

md. Laborer-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Don't know

Mother's

Name

Lizzie A. Wells

Cause of

Primary

Chronic Pleuritis

How long sick

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Robley Hackett M.D.

Address

Queen Anne's Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

CHARTER

17-18-19

Name
in
Full

George Miller

CERTIFICATE OF DEATH

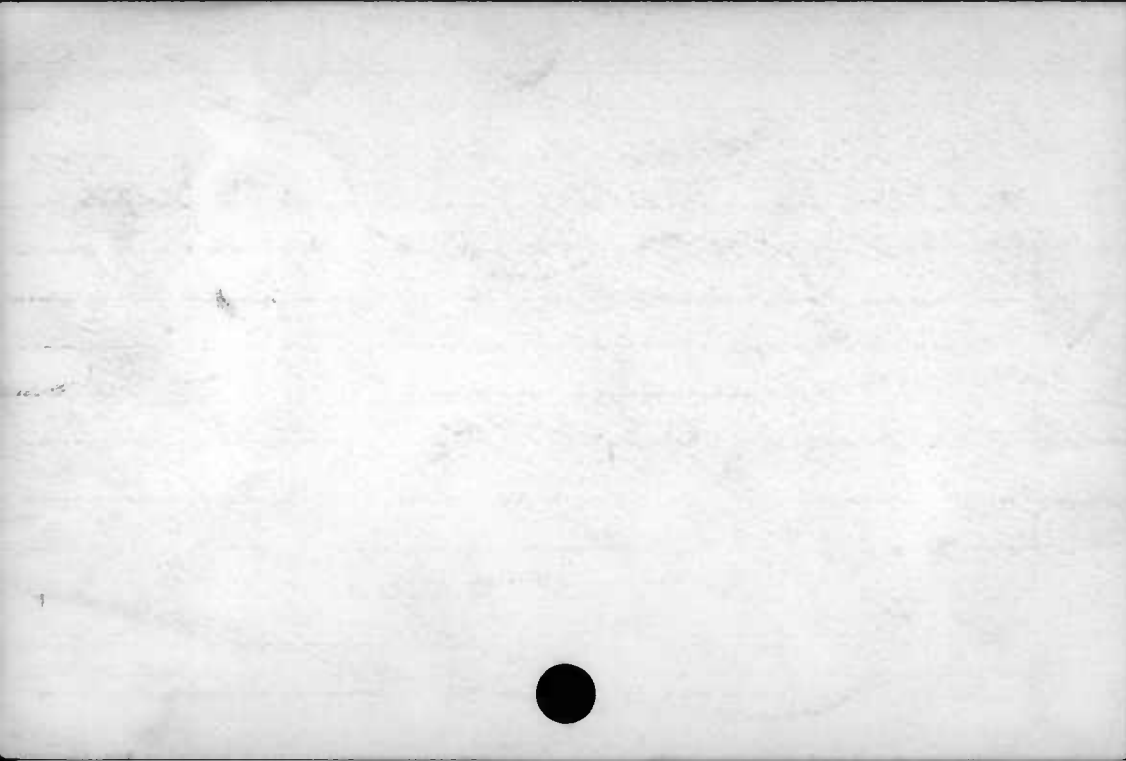
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ornton</i> ^{Town}		<i>Barthine</i> ^{County}		MARYLAND	
Date of death 1903	Month 1	Day 5	Age 38	Months	Days
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>This County</i>	
Married, Single or Widowed			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>Edith Miller</i>					
Father's Name <i>Jezrah Miller</i>			Father's Birthplace <i>This County</i>		
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>Not Known</i>		
Name of person giving Information <i>E. H. Cephus</i>			How related to deceased <i>Brother in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Not Known</i>	How long	<i>1 day</i>
Immediate	<i>Not Known</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. H. Cephus</i>	
		Address <i>Ornton</i> <i>Maryland</i>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Williston</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND		
	Date of death 1903	<i>Jan</i> <small>Month</small>	<i>13</i> <small>Day</small>	Age <i>85</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>5</i> <small>Days</small>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Caroline Co Md</i>			
	Married, Single or Widowed <i>Widower</i>		Occupation <i>Farmer</i>				
	Name of Wife or Husband <i>Annie E. Hilch</i>						
	Father's Name <i>Eli Saulsbury</i>			Father's Birthplace <i>Caroline Co Md</i>			
	Mother's Maiden Name <i>Rachael Smith</i>			Mother's Birthplace <i>Caroline Co Md</i>			
	Name of person giving information <i>Mrs Vashli Garey</i>			How related to deceased <i>Daughter</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Senile Consumption</i>			How long <i>6 years</i>			
	Immediate <i>Exhaustion & heart failure</i>			How long <i>One day</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Enoch George M D</i>			
				Address <i>Sealem Caroline Co Md</i>			
Accident or Suicide?							



Name in Full

Certificate of Death

William Sharp

Died at ^{Town} Bethlehem ^{County} Caroline Md.

MARYLAND

Date 1903 1-16 Age 19- - Native of Md. Occupation Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of _____

Wife

Father's Name William V. Sharp - Mother's Name Mary Elizabeth -

Cause of Death { Primary Typhoid Fever Immediate Perforation + Peritonitis How long sick 4 weeks Accident, Suicide, Homicide

Reported by J. R. Phillips M.D.

Address _____ Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth Harris Smoot

CERTIFICATE OF DEATH

Died at ^{Town} near Anders out town ^{County} Caroline

MARYLAND

Date of death 1903 Jan. 7 Age 73 Months 3 Days 10

Sex Female Color or Race White Birth-place Del.

Occupation

Name of ~~Wife~~ Husband William H. Smoot

Father's Name Rushin P Cannon Father's Birthplace Del.

Mother's Maiden Name Eliza Harris Mother's Birthplace Del.

Name of person giving information Stella Smoot Todd How related to deceased Daughter

CAUSES OF DEATH

Primary Heart disease of some form How long Not definite

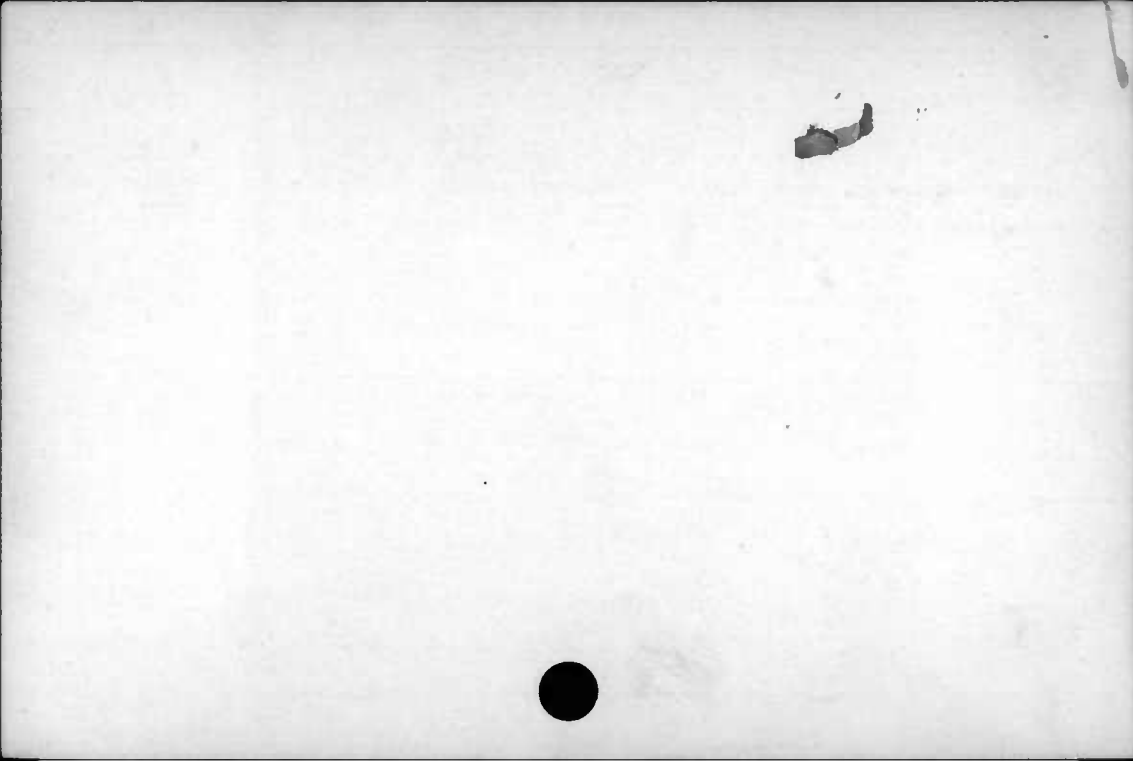
Immediate Heart failure How long Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. H. Ward

Address Anders out town Md

Accident or Suicide



Name

in
Full

Harrison Edgar Strawberry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fowling Creek</i>		County <i>Caroline</i>		MARYLAND	
Date of death 1903	Month <i>Jan.</i>	Day <i>5</i>	Age <i>15</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband					
Father's Name <i>James Strawberry</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Margaret Gibbins</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Elijah Gibbins</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>25 days</i>
Immediate <i>Consumption of lungs</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John D. Stodgers</i>
	Address <i>Fowling Creek Md.</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Federalsburg

Town

County

Caroline

MARYLAND

Date

of death 1903

Month

Jan

Day

23

Age

Years

Months

Days

2

Sex

male

Color or
Race

Black

Birth-
place

md

Married, Single
or Widowed

Single

Occupation

none

Name of Wife or
HusbandFather's
Name

Vasley Washington

Father's
Birthplace

md

Mother's
Maiden Name

Rennie Dickerson

Mother's
Birthplace

md

Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Hæmorrhage

How long

1 day

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

R Kemp Jefferson

Address

Federalsburg md

Accident or Suicide?

PHYSICIAN
OR CORONER

